

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/626725 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	/		/				51							
2	/		/				52							
3				/			53							
4				/			54							
5				/			55							
6				/			56							
7				/			57							
8				/			58							
9				/			59							
10				/			60							
11				/			61							
12				/			62							
13				/			63							
14				/			64							
15				/			65							
16				/			66							
17				/			67							
18				/			68							
19				/			69							
20				/			70							
21				/			71							
22				/			72							
23				/			73							
24				/			74							
25				/			75							
26				/			76							
27				/			77							
28				/			78							
29				/			79							
30				/			80							
31				/			81							
32				/			82							
33				/			83							
34				/			84							
35				/			85							
36				/			86							
37				/			87							
38				/			88							
39				/			89							
40				/			90							
41				/			91							
42				/			92							
43				/			93							
44				/			94							
45				/			95							
46				/			96							
47				/			97							
48				/			98							
49				/			99							
50				/			100							
TOTAL IND.	2	1	2	1			TOTAL IND.							
TOTAL DEP.	28		28				TOTAL DEP.							
TOTAL CLAIMS	30		30				TOTAL CLAIMS							